PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10044072

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | OTHER THAN | | |
|---|--|---|------------------|-------------|--------------------------------|------------------|-------|---------------------|------------------------|---------------------|---------------------|------------------------|
| (Column 1) | | | (Colur | mn 2) | | TYPE | | OR | SMALL | ENTITY | | |
| TOTAL CLAIMS | | | 15 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20= | | * — | | | X\$ 9= | A | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | /5- minus 3 = | | * 12 | | | X42= | 504 | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +140= | B | OR | +280= | |
| * If the difference in column 1 is less than zero, enter | | | | | r "0" in c | olumn 2 | | TOTAL | 874 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART | | | | | T II | | | | | | OTHER | THAN |
| (Column 1) | | | | | olumn 2) (Column 3) | | | SMALLE | ENTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus . | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | T CL AIRA | = | | X42= | | OR | X84= | |
| | FINST PRESE | FPRESENTATION OF MULTIPLE DEPENDEN | | I CLAIM | | ַ | +140= | , | OR | +280= | | |
| | | | | | | | | TOTAL | | OR | TOTAL | |
| | | | | | | | | ADDIT. FEE | | Į OI I | ADDIT. FEE | |
| | | (Column 1) CLAIMS | | | mn 2) HEST | (Column 3) | 1 | | . 4551 | 1 1 | | 455 |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREV | MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | | X42= | | l OR | X84= | |
| L | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | T CLAIM | | _ | | | | | |
| | | | | | | | | +140= | | OR | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) |) | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IOUSLY DFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Indépendent | * | Minus | *** | |]= | | X42= | - | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | | | | | | | | |
| | If the entry is sele | ıma 1 ja lass than | the entry in eat | umo 2 um | ta "O" in co | olumn 3 | | +140= | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | OR | TOTAL ADDIT. FEE | | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

NOTICE OF FEE DUE

| DATE: 1/17/02 |
|--|
| TO: |
| FROM: Office of Initial Patent Examination |
| SUBJECT: Fee Due |
| APPLICATION NUMBER: 10044672 |
| A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency. |
| Insufficient fee by check |
| ☐ Insufficient funds in deposit account |
| ☐ Declined credit card |
| ☐ Non authorization for charge to deposit account |
| □ No fee submitted per requirement ** |
| \$ ~. |
| The correct fee code: amount \$ |
| The suspended fee code: 197 amount -\$ |
| Fee Due amount =\$ |
| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642. |
| Terminal Operator 1 Gedama |